SERIAL NO. FILING DATE D9/ APPLICANT/(S) **CLAIMS** CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. B $\overline{\mathcal{O}}$ (1) TOTAL IND. TOTAL IND. TOTAL DEP. _‡ **~**1 TOTAL DEP. TOTAL CLAIMB

* MAY I E USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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